EXHIBIT A

MONTHLY TIME REPORTS

Firm Na	me:							
Date:								
Managem	ent 5. MDL Status Prep/Take/Defend	s Conf. 6. Co	ourt Appearance	ce 7. Research	ounsel Calls/Meetings 3. 8. Discovery 9. Doc. Recegal 13. Experts/Consult	eview 10. Li	tigation Strategy &	Analysis rep 16.
Last Name, First Name	Professional level: Partner (PT), Associate (A) Contract (C) or Paralegal (PR)	Date of Service:	Category Code:	Category Name:	Detailed Description of Work Performed:	Billing Rate:	Time spent (by 0.1 increments)	Fees Total:

MONTHLY TIME REPORT TOTALS

Firm Name:	

Category Name	Total Time per Category	Total Fees per Category
Lead Counsel Calls/Meeting		
Lead Counsel Duties		
Administrative		
MDL Status Conf.		
Court Appearance		
Research		
Discovery		
Doc. Review		
Litigation Strategy &		
Analysis		
Dep. Prep/Take/Defend		
Pleadings/Briefs, Pretrial		
Motions, Legal		
Experts/Consultants		
Settlement		
Trial Prep		
Trial		
Appeal		
Total:		

Date:

EXPENSE REPORT

Categories: 1. Assessment Fees 2. Federal Express / Local Courier, etc. 3. Postage Charges 4. Facsimile Charges 5. Long Distance 6. In-House Photocopying 7. Outside Photocopying 8. Hotels 9. Meals 10. Mileage 11. Air Travel 12. Deposition Costs 13. Lexis/Westlaw 14. Court Fees 15. Witness / Expert Fees 16. Investigation Fees / Service Fees 17. Transcripts 18. Ground Transportation (i.e. Rental, Taxis, etc.) 19. Other (Describe) ALL ORIGINAL RECEIPTS MUST BE ATTACEHD TO THIS EXPENSE SHEET Date: Category Category Detailed Description: Code: Name: Provided: Yes/No (if no, provide reason)
Distance 6. In-House Photocopying 7. Outside Photocopying 8. Hotels 9. Meals 10. Mileage 11. Air Travel 12. Deposition Costs 13. Lexis/Westlaw 14. Court Fees 15. Witness / Expert Fees 16. Investigation Fees / Service Fees 17. Transcripts 18. Ground Transportation (i.e. Rental, Taxis, etc.) 19. Other (Describe) ALL ORIGINAL RECEIPTS MUST BE ATTACEHD TO THIS EXPENSE SHEET Date: Category Category Category Name: Amount: Receipt Provided: Yes/No (if no,
Date: Category Code: Name: Detailed Description: Amount: Receipt Provided: Yes/No (if no,
Code: Name: Provided: Yes/No (if no,

SUPPLEMENTAL EXPENSE REPORT

Firm Na	me:				
Date:					
Distance Lexis/We	6. In-House Phestlaw 14. Cour	otocopying 7. C t Fees 15. Witne	Federal Express / Local Courier, etc. 3. Postage Charges 4. Outside Photocopying 8. Hotels 9. Meals 10. Mileage 11. A ess / Expert Fees 16. Investigation Fees / Service Fees 17. 7. 19. Other (Describe)	ir Travel 12. De	eposition Costs 13.
	ALL ORIG	GINAL REC	CEIPTS MUST BE ATTACEHD TO THIS	EXPENSE	SHEET
Date:	Category Code:	Category Name:	Detailed Description:	Amount:	Receipt Provided: Yes/No (if no, provide reason)
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